

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024816
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Camden		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osage Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Kansas City, North
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shawnee Bend		Length of stay in 1b 3 days	d. STREET ADDRESS (If outside, give location) 4117 Charmiere

3. NAME OF DECEASED (Type or print) First Dennis Middle Keith Last Smith			4. DATE OF DEATH Month July Day 15 Year 1958		
5. SEX <input type="radio"/> Male <input type="radio"/> Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 30-1951	9. AGE (In years last birthday) 6	IF UNDER 1 YEAR Months 7 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY At School	11. BIRTHPLACE (City and state or country) Kansas City Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Edgar P. Smith		13b. MOTHER'S MAIDEN NAME Roy Ann Rinehart		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Joseph Herrington Kansas City Mo		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DROWNING (ACCIDENTAL)		INTERVAL BETWEEN ONSET AND DEATH Immediately
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	9294 42
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY 6:00 a.m. 7-15-58		015	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) LAKE OF THE OZARKS	20f. CITY, TOWN, OR LOCATION SUNRISE BEACH	COUNTY CAMDEN STATE MO

21. I attended the deceased from _____, to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jack Stoller (Degree or title) SHERIFF, A.C.	22b. ADDRESS CAMDENTON, Mo	22c. DATE SIGNED 7-16-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal of body July 18-1958	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Mo
24. FUNERAL DIRECTOR Reed Funeral Home	ADDRESS Camdenton Mo.	DATE RECD. BY LOCAL REG. July 16-1958	25. REGISTRAR'S SIGNATURE Zilpha J. Traver

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

503
300
1-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Camden, Mo

82-217 Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.